

1. CIR./DIST./DIV. CODE GUX		2. PERSON REPRESENTED Castro, Joseph Aldan		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 1:99-000045-001	5. APPEALS DKT./DEF. NUMBER		6. OTHER DKT. NUMBER
7. IN CASE/MATTER OF (Case Name) U.S. v. Castro		8. PAYMENT CATEGORY Felony	9. TYPE PERSON REPRESENTED Adult Defendant		10. REPRESENTATION TYPE (See Instructions) Supervised Release
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 18 1001.F -- STATEMENTS OR ENTRIES GENERALLY					
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS ARENS, RICHARD P. 210 ARCHBISHOP FLORES ST. #200 HAGATNA GU 96910 Telephone Number: (671) 472-1824			13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> P Subs For Panel Attorney Prior Attorney's Name: _____ Appointment Date: _____ <input checked="" type="checkbox"/> Because the above-named person represented the defendant under court order or otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interest of justice require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or <input type="checkbox"/> Other (See Instructions) SHIRLENE A. ISHIZU 11/06/2006 Signature of Presiding Judicial Officer or By Order of the Court Date of Order 02/11/2002 Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions) CUNLIFFE AND COOK SUITE 200 210 ARCHBP FLORES ST HAGATNA GU 96910					
15. In Court		16. Out of Court			
a. Arraignment and/or Plea		a. Interviews and Conferences			
b. Bail and Detention Hearings		b. Obtaining and reviewing records			
c. Motion Hearings		c. Legal research and brief writing			
d. Trial		d. Travel time			
e. Sentencing Hearings		e. Investigative and Other work (Specify on additional sheets)			
f. Revocation Hearings		(Rate per hour = \$75/90) TOTALS:			
g. Appeals Court					
h. Other (Specify on additional sheets)					
17. Travel Expenses (lodging, parking, meals, mileage, etc.)					
18. Other Expenses (other than expert, transcripts, etc.)					
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION RV
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything or value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney: _____ Date: _____					
23. IN COURT COMP.		24. OUT OF COURT COMP.		25. TRAVEL EXPENSES	
26. OTHER EXPENSES		27. TOTAL AMT. APPR / CERT			
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER				DATE	
29. IN COURT COMP.				30. OUT OF COURT COMP.	
31. TRAVEL EXPENSES				32. OTHER EXPENSES	
33. TOTAL AMT. APPROVED					
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.				DATE	
34a. JUDGE CODE					